

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/889191</i>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	
1	/	/					51				
2	/	/					52				
3	/	/					53				
4		2		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		1		1			58				
9		1		1			59				
10		1		1			60				
11		1		1			61				
12		1		1			62				
13		1		1			63				
14	/	/					64				
15		1		1			65				
16		2		1			66				
17		1		1			67				
18		1		1			68				
19		1		1			69				
20		1		1			70				
21		1		1			71				
22		1		1			72				
23		1		1			73				
24	/	/					74				
25		1		1			75				
26		2		1			76				
27		2		1			77				
28		1		1			78				
29		1		1			79				
30		1		1			80				
31		1		1			81				
32		2		1			82				
33		1		1			83				
34		1		1			84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5		5				TOTAL IND.				
TOTAL DEP.	34	↓	29	↓	↓		TOTAL DEP.	↓	↓	↓	
TOTAL CLAIMS	39		34				TOTAL CLAIMS				